

OCD Closeout

Printed: 04/20/2016

Grantee: **COLEMAN PROFESSIONAL SERV**

Grant Number: **S-L-14-7GJ-2**

Date Grant Monitored: 11/20/2015

Grant Completion Date: 02/29/2016

Date Monitoring Released: 01/19/2016

Grant Amount: \$650,000.00

<p>1. Does cumulative subtotal = grant amount? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does cumulative total = total expended per FPR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Based Upon Review of FPR</p> <p>3. Are actual program outcomes acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are beneficiaries appropriate and complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are all activities eligible / meet a national objective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is a planning study necessary for this grant? If so has the planning study been received? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Cumulative Grant Data:</p> <p>Grant Funds Drawn: 650,000.00</p> <p>Grant Funds Undrawn:</p> <p>IDIS/CMI Funds Undrawn:</p> <p>Grant / IDIS Funds Cancelled: <input checked="" type="checkbox"/></p> <p>Subtotal (should = Grant Amount): 650,000.00 <input checked="" type="checkbox"/></p> <p>Funds Returned:</p> <p>Grant / IDIS Funds Cancelled:</p> <p>Grant / IDIS Funds Undrawn: <input checked="" type="checkbox"/></p> <p>Total (should = expended per FPR): 650,000.00 <input checked="" type="checkbox"/></p>
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Act. Nbr.	Activity Description	Location	Grant Financial Data by Activity		Expended Per FPR	Total by Activity For All Housing Projects (if applicable)
			Budget	Drawn		
01 01	Homelessness	Region 5	\$202,421.00	\$202,421.00	\$202,421.00	
01 02	Rapid Rehousing	Region 5	\$402,551.00	\$402,551.00	\$402,551.00	
01 04	Data Collection &	Region 5	\$12,528.00	\$12,528.00	\$12,528.00	
01 05	General	Region 5	\$32,500.00	\$32,500.00	\$32,500.00	
			650,000.00	650,000.00	650,000.00	<input checked="" type="checkbox"/>

Financial Review Completed by:  Date given to OCD staff member: 4/20/16

Significant Issues to note in Closeout Letter: _____

(Grant has been monitored with monitoring released, and questions regarding outcomes, beneficiaries, national objective and planning study, if applicable, have been answered.)


OHCP staff member Signature indicating grant to be closed

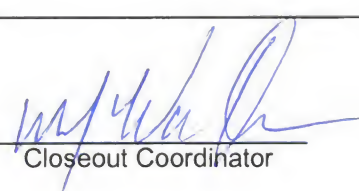
Conditions for closeout letter (Fiscal Section use only)

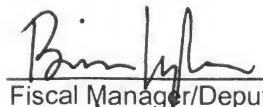
Audits Reviewed:  Audits Needed for this Grant: 15

Other Conditions: _____

Closeout Signatures:

Program Manager


Closeout Coordinator


Fiscal Manager/Deputy Chief

Approval Date for Closeout

Approval Date for Closeout

6/7/2016
Approval Date for Closeout

DATE PRINTED: 02/17/2016

RECEIVED

APR 05 2016

OCD

OHIO HOUSING TRUST FUND PROGRAM
FINAL PERFORMANCE REPORT
PERIOD COVERED: AWARD DATE THROUGH PROGRAM COMPLETION
PAGE NO: 1 of 4

COLEMAN PROFESSIONAL SERV
OCD REPRESENTATIVE: Kimberly Alexander

S-L-14-7GJ-2
GRANT AMOUNT:\$ 650,000

I certify that to the best of my knowledge the data in this report has been verified to be true and correct as of the date of this report. Providing false or misleading information in this document will result in sanctions against the above named grantee and, as outlined by the OCD Progressive Corrective Action Policy, may lead to termination of the Grantee eligibility for OCD Programs.

Nelson W. Burns, President/CEO
Name and Title of Chief Executive Officer

Nelson W. Burns
Signature of Chief Executive Officer:

3/30/16

Date

Carol McCullough
Report Completed By:

(330) 676-6810

Phone Number

I. PROGRAM BUDGET - AWARDED FUNDS

PROJECT NBR	ACTIVITY NUMBER AND NAME	ACTIVITY/PROJECT LOCATION	APPROVED BUDGET	OHTF FUNDS	
				FUNDS DRAWN TO DATE	ACTUAL FUNDS EXPENDED TO DATE
01	01 - Homelessness Prevention	Region 5 Housing Stabilit	\$ 202,421	\$ 202,421.00	\$ 202,421.00
01	02 - Rapid Rehousing	Region 5 Housing Stabilit	\$ 402,551	\$ 402,551.00	\$ 402,551.00
01	04 - Data Collection & Eval	Region 5 Housing Stabilit	\$ 12,528	\$ 12,528.00	\$ 12,528.00
01	05 - General Administration	Region 5 Housing Stabilit	\$ 32,500	\$ 32,500.00	\$ 32,500.00
GRANT TOTALS			\$ 650,000	\$ 650,000.00	\$ 650,000.00

Are ALL Grant Funds Accounted for on this Report? Yes No If No, Grantee Must Submit a Certificate of Completion to OCD.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual expenditures for each activity. Explain ANY difference between total funds expended and total funds received. Describe your 'Best Efforts' to achieve the proposed levels:

n/a

DATE PRINTED: 02/17/2016

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GRANT AMOUNT:\$ 650,000

I. PROGRAM BUDGET - LEVERAGED FUNDS

ACTIVITY NUMBER AND NAME	PROJECTED BUDGET	FEDERAL ARC FUNDS	OTHER FEDERAL	STATE AND LOCAL FUNDS	PRIVATE FUNDS	OTHER FUNDS / SOURCE
01/01)Homelessness Prevention	\$ 38.923	XXXXXXXXXX	\$ 0	\$ 2,303	\$ 2,680	\$ 9,779 /cash (salary)
01/02)Rapid Rehousing	\$ 39.130	XXXXXXXXXX	\$ 25,997	\$ 9,646	\$ 9,255	\$ 13,615 /cash (salary)
01/04)Data Collection & Eval	\$ 2.450	XXXXXXXXXX	\$ 200	\$ 0	\$ 3,600	\$ 2,500 /cash
01/05)General Administration	\$ 0	XXXXXXXXXX	\$ 435	\$ 325	\$ 750	\$ 0 /
TOTAL FUNDS LEVERAGED:	\$ 80.503	XXXXXXXXXX	\$ 26,632	\$ 12,274	\$ 16,285	\$ 25,894 XXXXX

Please Provide Actual Other Funds Disbursed (Leveraged) on each Activity by the Listed Source Types!

If the Source is not Listed above, Please Describe the Source in the Space Provided.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual leveraged costs for each activity.
Describe your 'Best Efforts' to achieve the proposed leverage amounts:

While amounts budgeted for specific activities varied from the actual, the overall actual leverage amount of \$81,085 exceeds the original budgeted amount of \$80,503. Reasons for variance between activities include: greater emphasis on Rapid Rehousing over Homelessness Prevention and increased costs of Data Collection and Evaluation and General Administration.

DATE PRINTED: 02/17/2016

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OCD REPRESENTATIVE: Kimberly Alexander

S-L-14-7GJ-2
GRANT AMOUNT:\$ 650,000

III. BENEFICIARIES

Homelessness Prevention Program

Total Households Assisted:	Projected -	75	Actual:	<u>66</u>
Total Persons Served:	Projected -	122	Actual:	<u>147</u>
Persons served at 30-50% of LMI:				<u>0</u>
Persons served at < 30% of LMI:				<u>147</u>

ENTER CIVIL RIGHTS DATA FOR THE TOTAL PERSONS SERVED

	Total Persons Served	Nbr of Hispanic
White:	<u>71</u>	<u>3</u>
Black/African American:	<u>66</u>	<u>3</u>
Asian:	<u>1</u>	<u>0</u>
American Indian/Alaska Native:	<u>0</u>	<u>0</u>
Native Hawaiian/Other Pacific Islander:	<u>0</u>	<u>0</u>
American Indian/Alaska Native and White:	<u>0</u>	<u>0</u>
Asian and White:	<u>3</u>	<u>0</u>
Black/African American White:	<u>5</u>	<u>0</u>
Amer. Indian/Alaska Native and Black African Amer:	<u>0</u>	<u>0</u>
Other Multi-Racial:	<u>1</u>	<u>0</u>

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OCD REPRESENTATIVE: Kimberly Alexander

S-L-14-7GJ-2

GRANT AMOUNT:\$ 650,000

III. BENEFICIARIES - CONTINUED

Rapid Re-Housing Program

Total Households Assisted:	Projected -	102	Actual:	568
Total Persons Served:	Projected -	181	Actual:	1124
Persons served at 31-50% of LMI:				30
Persons served at 0-30% of LMI:				1094

ENTER CIVIL RIGHTS DATA FOR THE TOTAL PERSONS SERVED

	Total Persons Served	Nbr of Hispanic
White:	707	27
Black/African American:	356	2
Asian:	1	0
American Indian/Alaska Native:	0	0
Native Hawaiian/Other Pacific Islander:	0	0
American Indian/Alaska Native and White:	0	0
Asian and White:	0	0
Black/African American White:	17	3
Amer. Indian/Alaska Native and Black African Amer:	0	0
Other Multi-Racial:	43	0

DATE:02/17/2016

PAGE NO: 1

OFFICE OF COMMUNITY DEVELOPMENT

DRAW STATUS BY GRANT/ACTIVITY/UNIT ADDRESS AS OF THE DATE OF THIS REPORT

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COLEMAN PROFESSIONAL SERV Grant Number: S-L-14-7GJ-2 Award Amt:\$ 650,000

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Grant Completion(FPR) Date: 02/29/2016

Fund Nbr: 6460

SAC Nbr: 638

CAS Nbr: _____

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Prog -Activity Nbr & Name/ Prj. Nbr-Location/Site Address	Act. Budget/ Site Budget	Doc Nbr	Amount Drawn	Draw Status	Date Paid/ Act/Prj Balance
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01 - 01)Homeless Prevention Region 5 Housing Stabiliz	\$ 202,421				
		0061	50,605.00	Paid	03/06/2015
		0063	50,605.00	Paid	05/12/2015
		0066	50,605.00	Paid	11/13/2015
		0068	50,606.00	Paid	12/11/2015
Activity Total	\$ 202,421.00				\$ 0.00

01 - 02)Rapid Rehousing Region 5 Housing Stabiliz	\$ 402,551				
		0061	100,638.00	Paid	03/06/2015
		0063	100,638.00	Paid	05/12/2015
		0066	100,638.00	Paid	11/13/2015
		0068	100,637.00	Paid	12/11/2015
Activity Total	\$ 402,551.00				\$ 0.00

01 - 03)Data Collection & Eval Region 5 Housing Stabiliz	\$ 12,528				
		0061	3,132.00	Paid	03/06/2015
		0063	3,132.00	Paid	05/12/2015
		0066	3,132.00	Paid	11/13/2015
		0068	3,132.00	Paid	12/11/2015
Activity Total	\$ 12,528.00				\$ 0.00

01 - 05)General Administration Region 5 Housing Stabiliz	\$ 32,500				
		0061	8,125.00	Paid	03/06/2015
		0063	8,125.00	Paid	05/12/2015
		0066	8,125.00	Paid	11/13/2015
		0068	8,125.00	Paid	12/11/2015
Activity Total	\$ 32,500.00				\$ 0.00

Total For Grant Number: S-L-14-7GJ-2	\$ 650,000		\$ 650,000.00		\$ 0.00
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**Development
Services Agency**

John R. Kasich, Governor

David Goodman, Director

June 6, 2016

Nelson W. Burns, President/CEO
COLEMAN PROFESSIONAL SERVICES, INC.
5982 Rhodes Road
Kent, OH 44240-

RE: Grant Close-Out S-L-14-7GJ-2

Dear Mr. Burns:

The final performance report for the above referenced grant number was reviewed along with the Office of Community Development (OCD) monitoring records.

Based on the OCD review, the following was determined:

- 1) the activities were completed as specified in the grant agreement;
- 2) applicable laws, statutes and executive orders were followed; and
- 3) the capacity to administer an OCD program continues to exist.

Therefore, OCD is closing grant number S-L-14-7GJ-2, subject to the review of the grantee's FY 2015 audit report. Once the required documentation is submitted to OCD and reviewed by OCD, a final closeout letter will be mailed. All records relating to this grant must be retained for five years from receipt of the final closeout letter.

Questions regarding this determination should be directed to your OCD representative at (614) 466-2285. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, reading 'Michael A. Hiler'.

Michael A. Hiler, Deputy Chief
Office of Community Development

MAH/WVO

cc: Kimberly Alexander, OCD